

REGISTRATION FORM--2008

Either send this form with a check for \$10/person or \$15/family (made out to UCM @ PSU) to:

Community Walking Program
P. O. Box 713
Plymouth, NH 03264

or bring it to the registration event on the 7th of September (Boyd Lecture Auditorium, 3 pm).

First Name: _____
Last Name: _____
Street Address: _____
Town: _____
ZIP Code _____
E-mail address: _____

Category (Place a check before the appropriate category)

Competitive-Adult (50,000 steps/week)

Competitive-Youth (50,000 steps/week)

Non-competitive (30 minutes exercise, five times a week)

Family (at least one adult and at least one minor—joint exercise four times per week). You only need one form per family. Family participants can also be in the competitive category if they desire. Please list adult and minor names in the space below:

Waiver and Release 2008

I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the sponsors, any and all coordinating groups, and any individuals associated with the Community Walking Program 2008, including their representatives, successors and assigns, whether or not any such claims are based upon or arise out of the negligence of one or more of such released parties, and will hold any such parties harmless from any and all injuries suffered in connection with this event.

I attest that I am physically fit to participate in this program. I also hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, pictures, recordings, or any other records of this program for any legitimate purpose.

Signature _____

Printed Name _____ Date _____

Parent's Signature--if participant is under 18 _____

Printed Name _____ Date _____

Sponsor List (Alphabetically) Health Ministiries-Plymouth Congregational-UCC, Plymouth State University, Speare Memorial Hospital, and United Campus Ministry at PSU